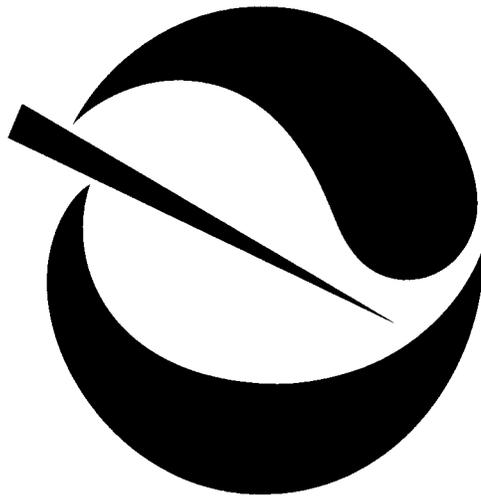


**California Environmental Protection Agency**

**Office of Environmental Health Hazard Assessment**



**Registered Environmental Assessor I  
(REA I)**

**Application**

**Registered Environmental Assessor Program**

**P.O. Box 4010**

**Sacramento, CA 95812-4010**

**(916) 324-6881**

**[www.rea.ca.gov](http://www.rea.ca.gov)**

## REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)

# APPLICATION INSTRUCTIONS

Before completing this application, please read the REA I Program: Law, Regulations, and Information Collection, Access and Disclosure Statement.

Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application. **The environmental assessing experience that you describe must clearly relate to the management of hazardous substances and/or hazardous waste management.** It is strongly suggested that the application be typed; if it is not typed, it must be neatly printed in ink. Applications which are not legible will be returned. Also, please use the Application Submittal Checklist to insure that your application package is complete.

## APPLICATION PACKAGE CONTENTS

1. REA I Application Form, which includes:

- Application, Pages 1 through 9
- Three Reference Forms

Three Return Envelopes (The completed reference forms must be returned to you by your references, sealed in these envelopes.) **Note: Applicants downloading the application from the Internet will need to provide envelopes to their references, emphasizing the instructions to seal and sign across the flap before returning the form to the applicant.**

- Authorization for Payment by Credit Card

2. Application Submittal Checklist

3. REA I Program - - Law, Regulations, and Information Collection, Access and Disclosure Statement

- [Health and Safety Code, § 25570.1 et seq.](#)
- [California Code of Regulations, Title 14, § 19030 et seq.](#)
- [Information Collection, Access and Disclosure Statement](#)

**If you are missing any items, please contact the REA Program at (916) 324-6881.**

# REA I Registration Requirements

The minimum requirements to be registered as an REA I:

- Five years of full-time employment, acquired within the last eight years, in the applicant's general field of expertise.
- Two years of substantial experience, acquired within the last four years, performing environmental assessments relating to hazardous substance and/or hazardous waste management.
- A bachelor's or higher degree from an accredited college or university in a physical or biological science, engineering or law,  
**OR**  
Five years of substantial experience, acquired within the last eight years, performing environmental assessments relating to hazardous substance and/or hazardous waste management.
- Three references attesting to the applicant's abilities from employers, supervisors, or clients.

STATE OF CALIFORNIA  
OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT (OEHHA)  
**REGISTERED ENVIRONMENTAL ASSESSOR I (REA I) APPLICATION FORM**

Information on this form must be typed or neatly printed in ink. "See attached" and resumes are not acceptable in lieu of completing this form. Attach a \$50 (fifty dollar) nonrefundable application review fee (check, money order, or credit card authorization) payable to OEHHA/REA I.

REGISTRATION NO: REA - \_\_\_\_\_  
(For OEHHA Use Only)

**SECTION 1**

Dr. (Select one)

NAME: \_\_\_\_\_  
(First) (M.I.) (Last)

POSITION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

**MAILING ADDRESS:**

OEHHA will use the address provided here for all correspondence, and will list this address on the REA I website.

The following is a business address  home address .

Street:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) - ext. \_\_\_\_\_ Fax: ( ) - ext. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** - -

Refer to the attached Information Collection, Access and Disclosure Statement. Disclosure of your social security number is mandatory. Your social security number will be used exclusively for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code and compliance with 8 U.S.C. sections 1621, 1641, and 1642.

United States Citizen Yes  No  (If no, please provide copy of resident alien card)

Have you previously applied for registration as an REA? Yes  No

**SECTION 2 - POST HIGH-SCHOOL EDUCATION:** Bachelor's or higher degree from an accredited college or university in a physical or biological science, engineering or law. *(Attach additional sheet if necessary).* **Attach copies of applicable diplomas. If degree was earned outside the United States, attach equivalency finding.**

<u>Name of Institution</u>	<u>Major</u>	<u>Degree Received</u>	<u>Year Graduated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 3 - LICENSES/CERTIFICATIONS/REGISTRATIONS:** State certification, licensing, registration or certification by a nationally recognized professional association in a physical or biological science, engineering or law. *(Attach additional sheet if necessary)*

<u>License/Certificate/Registration Name</u>	<u>Registration #'s</u>	<u>Awarding Agency</u>	<u>From/To (Month/Year)</u>
_____	_____	_____	/
_____	_____	_____	/
_____	_____	_____	/

**SECTION 4 - CRIMINAL RECORD**

Have you ever:

(i) been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) voluntarily surrendered a professional license or certification, or had one denied, revoked or suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) been subject to professional disciplinary proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv) been convicted of a crime, including a felony or misdemeanor involving an act of moral turpitude? (Conviction of a crime includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v) knowingly made a false statement regarding a material fact in connection with an application for registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vi) had a civil judgement against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vii) had a civil judgement against you for an action involving fraud, deceit, misrepresentation or forgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you answer yes to any question, explain the circumstances, in detail, on a separate sheet and include date, location, plea, penalties, and current status.**

**SECTION 5 – Registry Designation**

Do you want to be contacted by potential employers for environmental assessment work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the owner, part owner or sales representative of a business that manufactures or distributes hazardous substance or hazardous waste management technology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SECTION 6 - EMPLOYMENT HISTORY

Begin with your most recent employment. List each of your **full-time** positions relating to your general field of expertise. Include employer's name and dates employed for a minimum **five-year period within the last eight years**. Applicants should only list experience acquired within the last eight years. (Attach additional sheets if necessary.)

Employer Name

Position

Supervisor Name/Title

Phone No.

( ) - ext.

Employer Mailing Address (Number, Street, City, State, and Zip Code)

From/To (Month/Year)

From \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_

Total Months of Qualifying Experience: \_\_\_\_\_

Employer Name

Position

Supervisor Name/Title

Phone No.

( ) - ext.

Employer Mailing Address (Number, Street, City, State, and Zip Code)

From/To (Month/Year)

From \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_

Total Months of Qualifying Experience: \_\_\_\_\_

Employer Name

Position

Supervisor Name/Title

Phone No.

( ) - ext.

Employer Mailing Address (Number, Street, City, State, and Zip Code)

From/To (Month/Year)

From \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_

Total Months of Qualifying Experience: \_\_\_\_\_

**Provide a brief overview of your employment history for a minimum five-year period within the last eight years as it relates to your general field of expertise:**

**SECTION 7 - ENVIRONMENTAL ASSESSING EXPERIENCE**

Describe your environmental assessing experience - **two years substantial experience acquired within the last four years**. If you do not have the required degree, describe **five years substantial experience acquired within the last eight years**. This description should be a **brief overview** of your experience and should emphasize that your experience involves **hazardous substances and/or hazardous waste management**. Include dates (month/year) for the experience described.

From/To (Month/Year)

From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Total Months of Qualifying Experience: \_\_\_\_\_

Large empty rectangular area for describing environmental assessing experience.

**SECTION 8 - AREAS OF EXPERTISE**

Describe your specific experience as it relates to one project for each subitem you check below. Be sure to describe the hazardous materials/wastes involved for each project. Include dates (month/year) for the experience described. NOTE: The experience you describe below must have been acquired within **the last four years**. If you do not have a qualifying degree, describe experience that you have acquired within the last eight years. **Provide one description for each subitem checked.** (Additional space is available on the next page.)

Please check internal code number for all areas of expertise that apply and enter the appropriate code numbers again for each area of expertise you claim and describe below:

- 00 Environmental Site Assessment
- 01 Air Emissions Assessment, Prevention, Monitoring and Control
- 03 Emergency Preparedness and Response
- 12 Surface and Groundwater Contamination Assessment, Prevention, Monitoring and Control
- 15 Generator Waste Disposal, Recycling, Reduction, Storage, and Treatment
- 21 Occupational Health and Safety Reviews
- 23 Risk Assessment and Risk Reduction Recommendations
- 25 Soil Contamination Assessment, Prevention, Monitoring and Control
- 27 Underground Tank Checks and Removal
- 29 Other Areas of expertise relating to Hazardous Substances and/or Hazardous Waste Management

From/To (Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Project Title:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Waste Involved:**

From/To (Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Project Title:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Waste Involved:**

From/To (Month/Year)

**Subitem** \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Project Title:** \_\_\_\_\_

Brief Description of Project:

**Hazardous Substances and/or Hazardous Waste Involved:**

<b>Subitem</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		
<b>Subitem</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		
<b>Subitem</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		
<b>Subitem</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		

<b>Subitem</b> _____	From/To (Month/Year)	
	From ____ / ____ / ____ To ____ / ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		
<b>Subitem</b> _____	From/To (Month/Year)	
	From ____ / ____ / ____ To ____ / ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		
<b>Subitem</b> _____	From/To (Month/Year)	
	From ____ / ____ / ____ To ____ / ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		
<b>Subitem</b> _____	From/To (Month/Year)	
	From ____ / ____ / ____ To ____ / ____ / ____	Project Title:
<u>Brief Description of Project:</u>		
<b>Hazardous Substances and/or Hazardous Waste Involved:</b>		

**SECTION 9 - REFERENCES** Provide the names of three professional references. For each reference, list his or her full name, place of employment, address and telephone number. Failure to provide current telephone numbers at which your references can be reached may delay the processing of your application. References must be your current or past employers, supervisors, clients, or a professional colleague at an equal or higher level, and must be able to attest to your technical competency, professional integrity/ethics and knowledge of environmental regulations.

Name

Company

Address

(Zip Code)

Telephone No. ( ) - ext.

Name

Company

Address

(Zip Code)

Telephone No. ( ) - ext.

Name

Company

Address

(Zip Code)

Telephone No. ( ) - ext.

**Reference Handling Instructions:**

The application package includes three Professional Reference Forms and three return envelopes. **NOTE: Internet users will need to provide their own envelopes for references.** For each reference, self-address each return envelope and affix postage. Complete Section A of each reference form. Place the envelope and the appropriate reference form in another envelope and deliver that package to each of your three references.

**Each reference will complete his or her form, seal it in the return envelope, sign on the seal, and send it back to you. Do not open sealed envelopes. You must submit the three sealed envelopes containing reference forms as a part of your application.**

Note that the envelopes include a line on the seal upon which the reference must sign his or her name. **Internet users need to instruct references to sign upon the back seal of their provided envelope.** REA staff will verify that the envelopes remain sealed by the references to protect the confidentiality of the information contained in the reference form. Applications will be rejected if tampering with envelope seals is evident.

**SECTION 10 - ACKNOWLEDGMENT** (All Applicants Must Sign Below)

Any person willfully providing false information may have his or her application denied. The applicant hereby certifies that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application, as well as any other documents submitted in support of this application, is true and correct.

Applicant's Signature

Date Executed

Applicant's Printed Name and Title

Executed in the County of

California Environmental Protection Agency  
Office of Environmental Health Hazard Assessment  
**Professional Reference Form**  
Registered Environmental Assessor I

The individual named below is an applicant for registration as a Registered Environmental Assessor (REA I) by the Office of Environmental Health Hazard Assessment (OEHHA) and has identified you as a professional reference.

To maintain confidentiality, insert the completed reference form in the return envelope provided by the applicant, seal the envelope, sign your name across the seal on the back of the envelope, and return the sealed envelope to the applicant. The applicant will enclose the sealed envelope when submitting his or her application package to OEHHA.

Should you have any questions about the application process, please contact the REA staff at (916) 324-6881.

**FOR CLARITY, A PRINTED OR TYPEWRITTEN RESPONSE WOULD BE APPRECIATED.**

A. The **applicant** must complete the following information before sending this form to the reference:

Name of Applicant: \_\_\_\_\_

Reference's

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

(Area Code)

Reference's Telephone Number: ( ) - ext. \_\_\_\_\_

B. The **reference** must complete the following section. These questions concern the professional capabilities and character of the applicant. Please answer as accurately and candidly as possible. Attach a separate sheet if you need additional space to fully answer any part. Your evaluation will be maintained as confidential information pursuant to the Information Practices Act of 1977.

Over....

**Professional Reference Form (Cont.)**

(Month/Year to Month/Year)

1. Length of time you have been professionally associated with the applicant: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
2. Your business or professional relationship with the applicant is or was that of:
- Employer                       Supervisor                       Client
- Co-worker at equal or higher level
3. Did the applicant make technical decisions and/or recommendations for assessments and/or remedial actions involving hazardous substances or hazardous waste management?
- Yes                       No
4. My appraisal of the applicant's qualifications to objectively conduct one or more aspects of an environmental assessment is:

<u>Factor</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Unable to Rate</u>
Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Environmental Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Print:**

Reference Name	Telephone Number (Area Code) (    ) -        ext.
Title	Fax Number (Area Code) (    ) -        ext.
Company	
Street Address	
City, State and Zip	

**REFERENCE SIGNATURE:** \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Executed: \_\_\_\_\_ Executed in the County of \_\_\_\_\_

California Environmental Protection Agency  
Office of Environmental Health Hazard Assessment  
**Professional Reference Form**  
Registered Environmental Assessor I

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Reference's

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

(Area Code)

Reference's Telephone Number: ( ) - ext. \_\_\_\_\_

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Over....

**Professional Reference Form (Cont.)**

(Month/Year to Month/Year)

1. Length of time you have been professionally associated with the applicant: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
2. Your business or professional relationship with the applicant is or was that of:
- Employer                       Supervisor                       Client
- Co-worker at equal or higher level
3. Did the applicant make technical decisions and/or recommendations for assessments and/or remedial actions involving hazardous substances or hazardous waste management?
- Yes                       No
4. My appraisal of the applicant's qualifications to objectively conduct one or more aspects of an environmental assessment is:

<u>Factor</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Unable to Rate</u>
Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Environmental Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Print:**

Reference Name	Telephone Number (Area Code) (    ) -    ext.
Title	Fax Number (Area Code) (    ) -    ext.
Company	
Street Address	
City, State and Zip	

**REFERENCE SIGNATURE:** \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Executed: \_\_\_\_\_ Executed in the County of \_\_\_\_\_

California Environmental Protection Agency  
Office of Environmental Health Hazard Assessment  
**Professional Reference Form**  
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**FOR CLARITY, A PRINTED OR TYPEWRITTEN RESPONSE WOULD BE APPRECIATED.**

A. The **applicant** must complete the following information before sending this form to the reference:

Name of Applicant: \_\_\_\_\_

Reference's

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

(Area Code)

Reference's Telephone Number: ( ) - ext. \_\_\_\_\_

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Over....

**Professional Reference Form (Cont.)**

(Month/Year to Month/Year)

1. Length of time you have been professionally associated with the applicant: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_
2. Your business or professional relationship with the applicant is or was that of:
- Employer                       Supervisor                       Client
- Co-worker at equal or higher level
3. Did the applicant make technical decisions and/or recommendations for assessments and/or remedial actions involving hazardous substances or hazardous waste management?
- Yes                                       No
4. My appraisal of the applicant's qualifications to objectively conduct one or more aspects of an environmental assessment is:

<u>Factor</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Unable to Rate</u>
Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Environmental Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Print:**

Reference Name	Telephone Number (Area Code) (    ) -    ext.
Title	Fax Number (Area Code) (    ) -    ext.
Company	
Street Address	
City, State and Zip	

**REFERENCE SIGNATURE:** \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Executed: \_\_\_\_\_ Executed in the County of \_\_\_\_\_





**California Environmental Protection Agency  
Office of Environmental Health Hazard Assessment  
Registered Environmental Assessor I (REA I) Program  
P.O. Box 4010  
Sacramento, CA 95812-4010**

**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**

<p align="center"><b>PAYMENT FOR REA I Application Processing Fee*</b></p> <hr/> <p><b>Name</b></p> <p>_____</p> <p>(First)                      (M.I.)                      (Last)</p> <p><b>Mailing Address</b></p> <p>_____</p> <p>(Street)</p> <p>_____</p> <p>(City)</p> <p>_____</p> <p>(State)                                      (Zip)</p> <p><b>Phone #:</b>    (    )    -    ext. _____</p>	<p align="center"><b>CHECK APPROPRIATE BOX:</b></p> <p> <input type="checkbox"/>                       <input type="checkbox"/>                       <input type="checkbox"/></p> <p>VISA                                      Master Card                                      American Express</p> <p> <input type="checkbox"/> <b>3-digit Discover ID no.:</b> _____</p> <p>Discover    <b>Required for Discover Charges</b> (Located on the back of Discover credit card)</p> <p><b>Card No.:</b> _____</p> <p><b>\$ _____ AMOUNT AUTHORIZED</b></p> <p><b>Exp. Date:</b> _____ / _____</p> <p><b>Printed Cardholder Name</b></p> <p>_____</p> <p>(First)                                      (M.I.)                                      (Last)</p> <p>_____ <b>**Cardholder Signature                                      Date Signed</b></p>
--	--

**\*NO REFUNDS WILL BE ISSUED FOR THE \$50 APPLICATION REVIEW FEE**

**\*\*No credit card payments may be authorized unless the cardholder's signature is present and has been dated.**

**REGISTERED ENVIRONMENTAL ASSESSOR  
(REA) I**

**APPLICATION SUBMITTAL CHECKLIST**

To assure efficient processing of your Registered Environmental Assessor (REA) I application, please confirm that the following items have been completed and/or enclosed. Do not send your application unless all items are enclosed.

- \$50 non-refundable application processing fee -- check or money order -- payable to OEHHA/REA I, or completed Authorization For Payment by Credit Card.
- Completed application form and any supporting documentation.
- If you are not a United States citizen, enclose a copy of your resident alien card.
- Copies of applicable diplomas.
- Three completed reference forms in envelopes sealed and signed by each reference.
- Send the completed application package to:

Office of Environmental Health Hazard Assessment  
Registered Environmental Assessor I Program  
P.O. Box 4010  
Sacramento, CA 95812-4010